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Informational Bulletin 06-12

114.3 CMR 4.00 Rates for Community Health Centers

Effective October 1, 2006

Coding Update

The Division is issuing this Informational Bulletin under authority of Regulation 114.3 CMR 4.09(2). As outlined in this subsection, the Division may publish procedure code updates and corrections in the form of an Informational Bulletin. The publication of such updates and corrections will list: (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes; (b) deleted codes for which there is no corresponding new codes; and (c) codes for entirely new services that require pricing, the Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed. Please see MassHealth Transmittal Letter CHC-75, November 2006, for billing guidelines relevant to these coding and descriptor changes.

Listed below are codes cross referenced to new codes for these services:

Existing Code – to be deleted	New Code – to replace existing code	Required Modifier	Revised Service Description	DHCFP Rate
99054	99050	-TV	Urgent Care Provided Saturday 4:01 P.M. to Monday 6:59 A.M. (This code may be billed in addition to the individual medical visit rate.)	\$116.68